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UTILITY
PATENT APPLICATION
TRANSMITTAL

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Attorney Docket No. 35.G2772		1 _P
First Named Inventor or Application Identifier		29.
KAZUNORI MASAKI		28/ 83
Express Mail Label No.		009

Express Mail Label No.		bel No.			46	
See MPEP chapter 600 concerning utility pate	ADDRE	SS TO:	Box Pater	oner for Patents at Application on, DC 20231	7	
1. Fee Transmittal Form (Submit an original, and a duplicate for form	ee processing)		CD-ROM or Program (Ap	CD-R in duplicate		mputer
2. Applicant claims small entity status. See 37 CFR 1.27.				ind/or Amino Acid , all necessary)	Sequence Submi	ssion
3. X Specification Total	Pages 51	1	a C	omputer Readable	e Form (CRF)	
4. X Drawing(s) (35 USC 113) Total	Sheets 7	ı	·—	tion Sequence Lis	•	
5. Oath or Declaration Total	l Pages		一	paper	(2 copics), ci	
a. Newly executed (original	or copy)			tatements verifying	-	copies
a. Newly executed (original b. Copy from a prior applica (for continuation/divisional		9		Papers (cover sheet		
i. <u>DELETION OF</u>	i. DELETION OF INVENTOR(S) Signed Statement attached deleting			(b) Statement is an assignee)	Power of	of Attorney
inventor(s) name 37 CFR 1.63(d)(11.	_	nslation Document			
6. X Application Data Sheet. See 37 CF	12		DS)/PTO-1449	Copies Citation	s of IDS ns	
			·	Amendment eipt Postcard (MPI	ED 503)	
		1 1/1 1 1 1		specifically itemize	•	
±				py of Priority Docu iority is claimed)	iment(s)	
		16.	Other:	,		
17. If a CONTINUING APPLICATION, check	appropriate box and sup	pply the requisite in	formation:			
Continuation Divisional Prior application information:			of prior appl Group/Art Un			
For CONTINUATION OR DIVISIONAL APPS only considered a part of the disclosure of the accomp be relied upon when a portion has been inadverted.	anying continuation or divis	sional application and	l is hereby inc			
Do rolled apol times a person access and access and		PONDENCE ADDRE				
X Customer Number or Bar Code Label	(Insert Customer No.	05514 or Attach bar code lab	el here)	or Corres	pondence address b	pelow .
NAME						
Address						
City	State	· · · · · · · · · · · · · · · · · · ·		Zip Code		
Country	Telephone			Fax		

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	68-20 =	48	X \$ 18.00 =	\$ 864.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	26-3 =	23	X \$ 80.00 =	\$1,840.00
	MULTIPLE DEPENDEN	IT CLAIMS (if applicable) (37	CFR 1.16(d))	\$270.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$710.00
			Total of	above Calculations =	\$3,414.00
	Reduction by	/ 50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL =	\$3,414.00
b. c. 20.	Is no long	ntity statement was filed ir ed. ger claimed. ount of \$ <u>3,414.00</u>			
21.	A check in the am	ount of \$ to co	over the recordal fee is e	enclosed.	
22. T N	he Commissioner is hereb o. 06-1205:	y authorized to credit over	rpayments or charge the	following fees to Dep	osit Account
a.	. X Fees req	uired under 37 CFR 1.16.			
b.	. X Fees req	uired under 37 CFR 1.17.			
	Fees req	uired under 37 CFR 1.18.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	JOSEPH W. RAGUSA (38,586)	
SIGNATURE	Joseph W. Ragura	
DATE	April 11, 2001	

NY_MAIN 161011 v 1